

## PCV53

**STATIN USE AMONG PATIENTS WITH CONFIRMED CORONARY ARTERY DISEASE (CAD) OR RELATED RISK FACTORS: A COMPARISON BETWEEN EUROPE & THE UNITED STATES (US)**Narayanan S<sup>1</sup>, Turner G<sup>2</sup>, Mitchell A<sup>2</sup>, Chadwell P<sup>2</sup>, O'Hagan P<sup>2</sup><sup>1</sup>TNS Healthcare, Stamford, CT, USA, <sup>2</sup>TNS UK Ltd, Epsom, Surrey, UK

**OBJECTIVES:** To evaluate the differences in statin usage among patients with confirmed CAD or related risk factors between Europe & US to derive insights into practice behavior that may impact disease burden. **METHODS:** Data from a large multi-country cardiovascular research initiative involving primary-care physicians (PCPs) and specialists to collect outpatient chart data (for cardiovascular patients) was analyzed to evaluate the use of statins (including high-doses: 80 mg atorvastatin/simvastatin,  $\geq 20$  mg rosuvastatin) among patients with CAD or CAD-equivalent (myocardial Infarction, PCI/CABG/diabetes), peripheral vascular disease (PVD), cerebral ischemia (CI), Diabetes (any-type) and other risk factors (CAD-RF: hypertension/low-HDL/age/sex/smoking/family-history of CVD). Patient conditions/risk-factors were not mutually exclusive. Analysis included 2006 data from US and 5 major countries in Europe (EU5, reported in aggregate). **RESULTS:** In total, 23,321 & 5,008 patient charts were abstracted by 2299 & 587 PCPs/specialists in EU5 & U.S respectively. Distribution of patients was (condition: EU5, US)—CAD: 28.5%, 23.0%, CAD-equivalent: 66.1%, 65.1%, diabetes: 46.5%, 52.8%, PVD: 6.6%, 7.4%, cerebral ischemia: 4.4%, 2.8%, CAD-RF  $\leq$ : 5.6%, 8.7%, CAD-RF  $> 1$ : 28.4%, 26.1%. The CAD group had the highest statin utilization rate (EU5:69.5%, US:63.2%), followed by PVD (EU5:59.7%, US:56.2%), CI (EU5:57.4%, US:51.1%), CAD-equivalent (EU5:54.8%, US:50.8%), Diabetes (EU5:50.7%, US:49.5%), CAD-RF  $> 1$  (EU5:28.7%, US:30.1%), CAD-RF  $\leq$  (EU5:24.5%, US:24.5%). Corresponding utilization rates of high-dose statins were: CAD—EU5:0.7%, US:9.5%, PVD—EU5:0.5%, US: 9.5%, CI—EU5:0.8%, US:7.1%, CAD-equivalent—EU5:0.5%, US:6.1%, Diabetes—EU5:0.4%, US:5.5%, CAD-RF  $> 1$ —EU5:0.5%, US:2.8%, CAD-RF  $\leq$ —EU5:0.6%, U.S:1.8%. **CONCLUSION:** Both in EU5 & US, close to one-third of CAD-patients and  $> 40\%$  of patients in CAD-equivalent/PVD/CI/Diabetes groups were not on any statins. High-dose statin use was sparse in both EU5 & the U.S with the utilization rates slightly higher in the U.S. Further scrutiny is warranted to evaluate the drivers behind these utilization patterns and their impact on health outcomes.

## PCV54

**ATTAINMENT OF LDL CHOLESTEROL GOALS AMONG HIGH RISK PATIENTS WITH CARDIOVASCULAR DISEASE (CVD): HOW LARGE WAS THE GAP BETWEEN EUROPE & THE UNITED STATES (US) IN 2006?**Narayanan S<sup>1</sup>, Turner G<sup>2</sup>, Mitchell A<sup>2</sup>, Chadwell P<sup>2</sup>, O'Hagan P<sup>2</sup><sup>1</sup>TNS Healthcare, Stamford, CT, USA, <sup>2</sup>TNS UK Ltd, Epsom, Surrey, UK

**OBJECTIVES:** To evaluate LDL cholesterol goal attainment among high risk CVD patients in Europe & US, and to assess the percentage of patients meeting US NCEP/ATP-III guideline's new criteria of  $< 70$  mg/dl LDL for high risk patients. **METHODS:** CVD patient charts from outpatient settings were abstracted by primary-care physicians and specialists in US & Europe as part of a large multi-country research initiative. CVD patients with LDL cholesterol data from US and 5 major countries in Europe (EU5, reported in aggregate) in 2006 were included in this analyses and risk stratified into following 3 categories: High-risk (with

coronary artery disease, myocardial Infarction, PCI/CABG, peripheral vascular disease, cerebral ischemia, diabetes (any-type)), Medium-risk (with  $> 1$  risk factors) and Low-risk (with 0 or 1 risk factors). Risk factors included: hypertension/low-HDL/age/sex/smoking/family-history of CVD. **RESULTS:** In total over 16,500 patients were evaluated (EU5 13,246 and US 3,597). Distribution of patients for EU5 and US respectively were—High-risk: 9617 and 2615, Medium-risk 3093 and 768, and Low-risk: 536 and 214. Percentage of patients at different levels of LDL (mg/dl) in EU5/US were—High-risk  $< 100$ : 31.0%/49.0% 100-to- $< 130$ : 35.4%/34.1%, 130-to- $< 160$ : 23.4%/11.3%,  $\geq 160$ : 10.1%/5.5%; Medium-risk in EU5/US  $< 100$ : 17.0%/29.6%, 100-to- $< 130$ : 34.9%/47.8%, 130-to- $< 160$ : 32.0%/16.8%,  $\geq 160$ : 16.0%/5.9%, and among Low-risk groups (EU5/US):  $< 100$ : 15.5%/29.0%, 100-to- $< 130$ : 34.7%/40.7%, 130-to- $< 160$ : 34.5%/25.7%,  $\geq 160$ : 15.3%/4.7%. Evaluation of patients at LDL  $< 70$  mg/dl within the High-risk group per NCEP/ATP-III guideline recommendations revealed that only 8.8% & 13.7% met the criteria in EU5 & US respectively. **CONCLUSION:** Almost two-thirds (EU5) and one-half (US) of High-risk CVD patients did not meet the LDL  $< 100$  mg/dL goal in 2006. Further, patients in EU5 appear to considerably lag behind those in the US in every CVD risk level (in LDL goal attainment), contributing to disproportionate disease burden in respective market segments.

## PCV55

**LIPID LOWERING AGENTS CONSUMPTION AND COSTS IN THE SLOVAK REPUBLIC**

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**OBJECTIVES:** Dyslipidemia is the most common reason of atherosclerosis which is associated with the high risk of myocardial infarction, cerebrovascular diseases and other cardiovascular complications. Cholesterol lowering therapy has been shown to reduce cardiovascular mortality and morbidity. National and international guidelines have defined LDL-cholesterol treatment initiation levels and aims for patients with different levels of coronary heart disease risk according to the number of coronary heart disease risk factors associated to dyslipidemia. It is crucial for health care system to analyze utilisation and costs of hypolipidemics. Adherence to the short and long term treatment guidelines could lead to financial saving in health care systems. The aim of the study was to collect comparable and reliable data on the lipid lowering therapy in Slovak republic during 1998–2005. **METHODS:** Data used for analyses were obtained from the Slovak Institute for Drug Control. Wholesalers are legally obliged provide the drug consumption information to the institute. **RESULTS:** The obtained data showed large increases hypolipidemics consumption from 1998 to 2005 (from 7.34 DID (DDD per 1000 inhabitants per day) in 1998 to 39.12 DID in 2005). Consumption of statins was significant (from 1.96 DID in 1998 to 3.16 DID in 2005). Consumption of fibrates increased moderate (from 5.12 DID in 1998 to 8.72 DID in 2005). Lipid lowers generics coming into the pharmaceutical market led to the price cut-downing (from €0.95/DDD to €0.64 per DDD). **CONCLUSION:** Lipid lowering generics drug coming into the Slovak pharmaceutical market led to increased of lipid lowers consumption and to price reduction of lipid lowers. Financial expenditures for health insurance companies funds remained under control and more patients could be treated for high cholesterol levels and high risk of cardiovascular diseases in Slovak republic during 1998–2005.